

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/522718**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4		1				
5						
6		1				
7			1			
8		1				
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10		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	26					
TOTAL CLAIMS	27					

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			